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							_					
	in this information to											
De	btor 1	Yakira Sudle	er			_						
1 -	btor 2 ouse, if filing)					_						
Un	ited States Bankrup	tcy Court for the	: EASTERN DISTRICT	OF PENNSYLVANI	A							
Ca	se number 19-12138				Check if this is:							
(If known)								An amende	ed filing			
										g postpetitior ollowing date:		
<u>O</u>	fficial Form	<u> 1061</u>					Ī	MM / DD/ `	YYYY			
S	chedule I: `	Your Inc	ome								12/1	
spo	ouse. If you are sep uch a separate shee	arated and you	are married and not filir ir spouse is not filing wi On the top of any addition	th you, do not inclu	ıde inforr	mati	on abou	t your sp	ouse. If mo	ore space is	needed,	
1.	Fill in your emploinformation.	oyment		Debtor 1				Debtor	2 or non-fi	ling spouse		
	If you have more attach a separate		Employment status	■ Employed				☐ Employed				
	information about employers.		. ,	☐ Not employed				☐ Not employed				
			Occupation									
	Include part-time, self-employed wo		Employer's name	Family Care for Child & Youth								
	Occupation may i or homemaker, if		Employer's address	1001 James Dr Leesport, PA 1								
			How long employed the	nere? Since	February	y 20)20	_				
Pa	rt 2: Give Det	ails About Mor	nthly Income									
	imate monthly inco		ate you file this form. If y	you have nothing to	report for	any	line, writ	e \$0 in the	e space. Inc	clude your no	n-filing	
•	ou or your non-filing e space, attach a se	•	ore than one employer, co	embine the information	on for all e	empl	oyers for	that perso	on on the li	nes below. If	you need	
							For De	btor 1		otor 2 or ng spouse		
2.			ry, and commissions (becalculate what the month)		2.	\$	1	,274.00	\$	N/A	_	
3.	Estimate and list monthly overtime pay.				3.	+\$		0.00	+\$	N/A	-	
4.	Calculate gross	Income. Add lir	ne 2 + line 3.		4.	\$	1,2	74.00	\$	N/A		

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	Yakira Sudler	_	C	ase number (if ki	nown)	19-1	2138		
					For Debtor 1		non	Debtor -filing s	pouse	
	Cop	py line 4 here	4.		\$1,274	1.00	\$		N/A	_
5.	List	t all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a	١.	\$ 211	1.60	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b	١.		0.00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c.		\$	0.00	\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d	l.		0.00	\$		N/A	_
	5e.	Insurance	5e			0.00	\$		N/A	_
	5f.	Domestic support obligations	5f.			0.00	\$_		N/A	_
	5g. 5h.	Union dues Other deductions, Specific	5g			0.00	\$_ +\$		N/A	_
_		Other deductions. Specify:	5h		·	0.00			N/A	_
6.		d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.			1.60	\$		N/A	_
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	,	\$1,062	2.40	\$		N/A	_
8.	List 8a.	profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a			0.00	\$		N/A	_
	8b.	Interest and dividends	8b	٠.	\$	0.00	\$		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	: 8c.	·.	\$ 433	3.33	\$		N/A	
	8d.		8d	l.		0.00	\$		N/A	_
	8e.	Social Security	8e	٠.	\$ 77	.00	\$		N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Food Assistance	8f.		\$1,233		\$		N/A	
	8g.	Pension or retirement income	8g			0.00	\$		N/A	_
	8h.	Other monthly income. Specify: Prorated Tax Refund (\$7000/12)	8h	+.	\$ 583	3.33	+ \$		N/A	_
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	3,020).66	\$_		N/A	4
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	4,083.06	+ \$		N/A	= \$	4,083.06
		If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		Ψ_	4,003.00	. *		11//		4,000.00
11.	State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00									
12.	Wri	d the amount in the last column of line 10 to the amount in line 11. The rest te that amount on the Summary of Schedules and Statistical Summary of Certaillies						. 12.	\$	4,083.06
13.	Do	you expect an increase or decrease within the year after you file this form	1?						Combine month!	ned ly income
	_	Yes. Explain:								

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